

**GRANT COUNTY**  
**COMMISSIONERS AGENDA MEETING REQUEST FORM**  
(Must be submitted to the Clerk of the Board by 12:00pm on Thursday)

REQUESTING DEPARTMENT: New Hope/Kids Hope

DATE: 10.31.2023

REQUEST SUBMITTED BY: Suzi Fode

PHONE: 764.8402

CONTACT PERSON ATTENDING ROUNDTABLE: Suzi Fode

CONFIDENTIAL INFORMATION: ☐ YES ☒ NO

**TYPE(S) OF DOCUMENTS SUBMITTED: (CHECK ALL THAT APPLY)**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Agreement / Contract       | <input type="checkbox"/> AP Vouchers                  | <input type="checkbox"/> Appointment / Reappointment    | <input type="checkbox"/> ARPA Related  |
| <input type="checkbox"/> Bids / RFPs / Quotes Award | <input type="checkbox"/> Bid Opening Scheduled        | <input type="checkbox"/> Boards / Committees            | <input type="checkbox"/> Budget        |
| <input type="checkbox"/> Computer Related           | <input type="checkbox"/> County Code                  | <input type="checkbox"/> Emergency Purchase             | <input type="checkbox"/> Employee Rel. |
| <input type="checkbox"/> Facilities Related         | <input type="checkbox"/> Financial                    | <input type="checkbox"/> Funds                          | <input type="checkbox"/> Hearing       |
| <input type="checkbox"/> Invoices / Purchase Orders | <input type="checkbox"/> Grants – Fed/State/County    | <input type="checkbox"/> Leases                         | <input type="checkbox"/> MOA / MOU     |
| <input type="checkbox"/> Minutes                    | <input type="checkbox"/> Ordinances                   | <input checked="" type="checkbox"/> Out of State Travel | <input type="checkbox"/> Petty Cash    |
| <input type="checkbox"/> Policies                   | <input type="checkbox"/> Proclamations                | <input type="checkbox"/> Request for Purchase           | <input type="checkbox"/> Resolution    |
| <input type="checkbox"/> Recommendation             | <input type="checkbox"/> Professional Serv/Consultant | <input type="checkbox"/> Support Letter                 | <input type="checkbox"/> Surplus Req.  |
| <input type="checkbox"/> Tax Levies                 | <input type="checkbox"/> Thank You's                  | <input type="checkbox"/> Tax Title Property             | <input type="checkbox"/> WSLCB         |

**SUGGESTED WORDING FOR AGENDA: (Who, What, When, Why, Term, cost, etc.)**

Out of State Travel Request for Suzi Fode, Elisa Adolphsen, Trisha Glenn,  
Sara MacDonald and Celina Garcia attending the 2024 San Diego  
International Conference on Child and Family Maltreatment.

**FISCAL / BUDGET IMPACT:**

**Please contact accounting to complete a Financial Request Form prior to submission.**

**LEGAL REVIEW:**

**If this document requires legal review, route to legal for review prior to submission.**

**BOCC ACTION**

**(To Be Completed by BOCC Staff)**

DATE OF ACTION: \_\_\_\_\_

DEFERRED OR CONTINUED TO: \_\_\_\_\_

APPROVE:

DENIED

ABSTAIN

D1: \_\_\_\_\_

D2: \_\_\_\_\_

D3: \_\_\_\_\_

## OUT OF STATE TRAVEL REQUEST APPLICATION

Traveler's Name\*

Elisa Adolphsen

Dept/Committee\*

New Hope

Date of Request\*

10/31/2023

Travel Type\*

Out of State Travel

Departure Date\*

1/21/2024

12:00 AM

Return Date\*

1/26/2024

11:30 PM

Grant\*

Yes

Fund/Dept\*

128

Destination (City, County, State)\*

San Diego, CA

Purpose of Travel\*

2024 San Diego International Conference o Child and Family Maltreatment

Hotel - GSA Rate\*

194

Hotel - Nightly Rate\*

208

Cost Application\*

Conference Rate

Rental Car Required

No

Hotel Total\*

1040

Conference Fee\*

600

Daily M&IE at Destination\*

74

Rental Car Cost per day\*

0

Explanation for Rate (required if hotel cost is greater than per diem, or government rate)\*

Conference rate for lodging is above per diem rate.  
The conference fee is covered by our state organization (not our grant funds).  
Our group has received an additional \$2,000 in sponsorship to help cover costs (\$400 per person).

Air Carrier\*

Delta and Alaska

Cost of Flight\*

300

Total trip cost (Include all cost totals)\*

\$1,347

Preparer's Name\*

Suzi Fode

Preparer's Title\*

department head- Director

Preapproved by EO/DH?\*

Yes

Use of travel card to fill a rental vehicle gas tank prior to its return is recommended.

## OUT OF STATE TRAVEL REQUEST APPLICATION

Traveler's Name\*

Suzi Fode

Dept/Committee\*

New Hope

Date of Request\*

10/23/2023

Travel Type\*

Out of State Travel

Departure Date\*

1/21/2024

10:30 AM

Return Date\*

1/26/2024

11:30 PM

Grant\*

Yes

Fund/Dept\*

128

Destination (City, County, State)\*

San Diego, CA

Purpose of Travel\*

2024 San Diego International Conference on Child and Family Maltreatment

Hotel - GSA Rate\*

194

Hotel - Nightly Rate\*

208

Cost Application\*

Conference Rate

Rental Car Required

Yes

Hotel Total\*

1040

Conference Fee\*

600

Daily M&IE at Destination\*

74

Rental Car Cost per day\*

95

Explanation for Rate (required if hotel cost is greater than per diem, or government rate)\*

Conference rate is above per diem rate for lodging.  
The conference fee is covered by our state organization (not our grant funds).  
Our group has received an additional \$2,000 in sponsorship to help cover costs (\$400 per person).

Air Carrier\*

Delta & Alaska

Cost of Flight\*

300

Total trip cost (Include all cost totals)\*

\$1,823

Preparer's Name\*

Suzi Fode

Preparer's Title\*

department head- Director

Preapproved by EO/DH?\*

Yes

Use of travel card to fill a rental vehicle gas tank prior to its return is recommended.

**OUT OF STATE TRAVEL REQUEST APPLICATION**

Traveler's Name\*

Trisha Glenn

Dept/Committee\*

New Hope

Date of Request\*

10/31/2023

Travel Type\*

Out of State Travel

Departure Date\*

1/21/2024

12:00 AM

Return Date\*

1/26/2024

11:30 PM

Grant\*

Yes

Fund/Dept\*

128

Destination (City, County, State)\*

San Diego, CA

Purpose of Travel\*

2024 San Diego International Conference on Child and Family Maltreatment

Hotel - GSA Rate\*

194

Hotel - Nightly Rate\*

208

Cost Application\*

Conference Rate

Rental Car Required

No

Hotel Total\*

1040

Conference Fee\*

600

Daily M&amp;IE at Destination\*

74

Rental Car Cost per day\*

0

Explanation for Rate (required if hotel cost is greater than per diem, or government rate)\*

Conference rate is above per diem rate for lodging.  
The conference fee is covered by our state organization (not our grant funds).  
Our group has received an additional \$2,000 in sponsorship to help cover costs (\$400 per person).

Air Carrier\*

Delta and Alaska

Cost of Flight\*

300

Total trip cost (Include all cost totals)\*

\$1,347

Preparer's Name\*

Suzi Fode

Preparer's Title\*

department head- Director

Preapproved by EO/DH?\*

Yes

Use of travel card to fill a rental vehicle gas tank prior to its return is recommended.

## OUT OF STATE TRAVEL REQUEST APPLICATION

Traveler's Name\*

Celina Garcia

Dept/Committee\*

New Hope

Date of Request\*

10/31/2023

Travel Type\*

Out of State Travel

Departure Date\*

1/21/2024

12:00 AM

Return Date\*

1/26/2024

11:30 PM

Grant\*

Yes

Fund/Dept\*

128

Destination (City, County, State)\*

San Diego, CA

Purpose of Travel\*

2024 San Diego International Conference on Child and Family Maltreatment

Hotel - GSA Rate\*

194

Hotel - Nightly Rate\*

208

Cost Application\*

Conference Rate

Rental Car Required

No

Hotel Total\*

1040

Conference Fee\*

600

Daily M&IE at Destination\*

74

Rental Car Cost per day\*

0

Explanation for Rate (required if hotel cost is greater than per diem, or government rate)\*

Conference rate is above per diem rate for lodging.  
The conference fee is covered by our state organization (not our grant funds).  
Our group has received an additional \$2,000 in sponsorship to help cover costs (\$400 per person).

Air Carrier\*

Delta and Alaska

Cost of Flight\*

300

Total trip cost (Include all cost totals)\*

\$1,347

Preparer's Name\*

Suzi Fodie

Preparer's Title\*

department head- Director

Preapproved by EO/DH?\*

Yes

Use of travel card to fill a rental vehicle gas tank prior to its return is recommended.

## OUT OF STATE TRAVEL REQUEST APPLICATION

Traveler's Name\*

Sara MacDonald

Dept/Committee\*

New Hope

Date of Request\*

10/31/2023

Travel Type\*

Out of State Travel

Departure Date\*

1/21/2024

12:00 AM

Return Date\*

1/26/2024

11:30 PM

Grant\*

Yes

Fund/Dept\*

128

Destination (City, County, State)\*

San Diego, CA

Purpose of Travel\*

2024 San Diego International Conference on Child and Family Maltreatment

Hotel - GSA Rate\*

194

Hotel - Nightly Rate\*

208

Cost Application\*

Conference Rate

Rental Car Required

No

Hotel Total\*

1040

Conference Fee\*

600

Daily M&IE at Destination\*

74

Rental Car Cost per day\*

0

Explanation for Rate (required if hotel cost is greater than per diem, or government rate)\*

Conference rate is above per diem rate for lodging.  
The conference fee is covered by our state organization (not our grant funds).  
Our group has received an additional \$2,000 in sponsorship to help cover costs (\$400 per person).

Air Carrier\*

Delta and Alaska

Cost of Flight\*

300

Total trip cost (include all cost totals)\*

\$1,347

Preparer's Name\*

Suzi Fode

Preparer's Title\*

department head- Director

Preapproved by EO/DH?\*

Yes

Use of travel card to fill a rental vehicle gas tank prior to its return is recommended.